[Shri Nirmal Chatterjee]

crossed the railway age, as has has referred to countries like Japan and Western Europe and we have entered the motor car age. This bias in the Planning Commission allocation, does he agree with it or is he, along with us, prepared to fight the Panning Commission on this score and demand an addition to the allocation share of resources for the railways.

SHRI MADHAVRAO SCINDIA: Sir, it is not a question of agreement or disagreement. I have already expressed my sentiment that in my opinion we would have wanted more resources but in the circucstances the Planning Commimssion is doing the best possible for us and from that point of view we appreciate the position.

THE VICE-CHAIRMAN (SHRI G. SWAMINATHAN): I will now put the motion.

The question is:

*"That the Bill be returned."*

*The motion was adopted.*

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**THE VICE-CHAIRMAN [Dr. Bapu Kaldate) in the Chair]**

**THE MENTAL HEALTH BILL, 1981**

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): Mr. Vice-Chairman, Sir, I move that the Bill to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto as reported by the Joint Committee of the Houses be taken into consideration.

The hon. Members are aware that the Mental Health Bill, 1981, was introduced in this august House on 14th December, 1981. Its basic object is to repeal the antiquated and outmoded Indian Lunacy Act, 1912, and replace it by a legislation to meet the present needs of the society. Apart from the fact that the Bill eschews inappropriate and undesirable terms like lunatics, asylums, etc. frequently used in the Indian Lunacy Act, 1912, the Bill also uses words and phrases more humans and in harmony with the modern insights into the subjects of mental illness. In a nutshell the Bill represents an attempt to introduce the latest concepts and knowledge in this field so as to conform the current thinking.

Sir, this is actually an old pending legislation which was introduced in the Lok Sabha in May 1978. The Bill, however, lapsed with the dissolution of the Lok Sabha. After its introduction in 1981 the Bill was referred to the Joint Committee of both the Houses. The esteemed Committee held 22 meetings at different places and recorded evidence of a large number of experts and other interested persons. The Committee presented its report on 2nd May, 1986. It is an excellent report which I would like to commend to the House for consideration.

In their report the Committee has recommended, *inter alia*, certain amendments to some clauses of the original Bill. In brief, the main impact of these amendments as suggested would be as follows: (1) The admission procedure of voluntary patients and minor patients —would be more easy and less rigid. (2) The procedure for discharge of voluntary patients would become less awesome. (3) The association of a magistrate with the cases of admission in psychiatric hospitals and psychiatric nursing homes has been kept to the minimum and types of admission have also been reduced. (4) some words earlier provided in the Indian Lunacy Act, 1912 or proposed in the Mental Health Bill, 1981, which smacked of stigma or conveyed wrong impressions have been shed off. (5)

Penalty of persons responsible for maintaining mentally ill persons or the manager appointed for the property of such persons if found guilty have been enhanced to make such penalty more deterrent. (6) Powers to discharge any person other than a voluntary patient are proposed to be regulated with a view to safeguard the interests of mental patients. (7) The system of reporting by the Medical Officer-in-charge of a psychiatric hospital or psychiatric nursing home once in every six months regarding the mental and physical condition of every such person to the authority under whose order the person is so detained is proposed to be dispensed with and instead such authority will be informed as soon as may be after the release of the mentally ill person.

Sir, Government have carefully considered the report of the Committee, particularly, with reference to the amendments as pointed out above and are completely in agreement with the same. I would now solicit the co-operation of hon. Members for considering the Bill as reported by the Joint Committee and for its being passed by the House with amendments as recommended by the esteemed Committee.

*The question was proposed.*

DR. G. VIJAYA MOHAN REDDY (Andhra Pradesh): Mr. Vice-Chairman, Sir, I wholeheartedly welcome the Mental Health Bill as reported by the Joint Select Committee. I also congratulate the Members of the Joint Select Committee for taking so much pain, for having taken so much pain. in holding 22 meetings, receiving several memoranda, taking the opinion of hundreds of individuals ad formulating the present Bill in a complete shape.

Sir, insecurity in life is the major cause of mental illness. In the present-day society with so much competition, ups and downs, any person belonging to any class may become mentally ill and become a danger to himself and to the society. It is a very complex problem and great care has been taken in this matter. For instance, we have recently read in the newspapers that in South Africa. the whites, surrounded by the blacks, who are fighting for their independence, are shooting themselves and their near and dear ones. Seventy such cases have been reported in the last month. In one case, a white man dynamited his own house and killed himself and all the members of his family.

Sir, as I said, acute insecurity in national life is a grave danger. That is why, it is good that the Bill seeks to remove the one-time prejudice against the mental patients who have been neglected. ill-treated, beaten and sometimes even chained for their predicament. Such persons were taken to the police stations and then only some kind of treatment was given in the mental hospitals. Even in the mental hospitals, the treatment meted out was completely below standard and all persons were herded together and ill-treated.

The present Bill has come out with a clearer understanding and a more scientific approach. This is seen in the Explanation under clause 4 itself which says that mental health services include in addition to psychiatric hospitals and psychiatric nursing homes, observation wards, day-care centres, inpatient treatment in general hospitals, ambulatory treatment facilities and other facilities, convalescent homes and half-way homes for mentally ill persons. In addition, there is also provision for rehabilitation in respect of such persons who require economic safeguard. Such persons who come from the poorer sections of the society should be adequately taken care of and attended to.

[Dr. G. Vijaya Mohan Reddy]

Any person who may feel that he is losing mental balance because of the crises and conditions arising in and around him may himself go to a psychiatric clinic and get the treatment or join a hospital. This should also be done in the case of drug addicts. There should be much publicity in the country about mental illness and how the same could be easily treated by psychiatric clinics. There is no mental case which cannot be cured completely and there is no guarantee that any person will not become mentally ill. In some cases, even a Minister, if suddenly dropped from the Ministry, he and his family having great expectations, may temporaily become mentally ill and may require treatment. It is better if in such a situation the Minister concerned does not go to swamis or astrologers but goes to a psychiatric clinic to get the medical advice. That is why this Bill has got a very large area of operation. The intervention of friends and well-wishers is welcome. The district magistrate after examination by a medical board consisting of two doctors will advise the reception of the case or after the treatment is completed the same procedure can be adopted for his discharge. There are, in our socitey, some unscrupulous elements who want to take advantage of these mentally ill persons. This Bill protects them against all such manipulations and gives proper dignity and respect to the mental patients. The mentally ill patients are properly protected and safeguarded. There is also a provision for legal aid for protection of their properties which is very good.

In clause 37 of the concerned Government will appoint not less than five Visitors, of whom one shall be a medical officer, preferably a psychictrist and two social workers. At least, three visitors will make joint inspection of all psychiatric hospitals or psychiatric nursing homes. During such visits they should review all the cases and satisfy themselves that the patients are receiveing proper treatment and proper diet. These Visitors should have some statutory powers so that they can improve the conditions of these institutions. The advice given by the Visitors should be implemented.

In framing the rules the opinions of leading psychiatric physicians should be taken compulsrily.

With these remarks, I support the Bill whole-heartedly.

SHRI P. BABUL REDDY (Andhra Pradesh): Sir, I rise to welcome this Bill. I only want to point out that it is unfortunate that the Bill had been lying with the Joint Committee for more than four years, from 1982 to 1986. On July 27 it was referred to the Joint Committee. In the meantime, the Lok Sabha was dissolved and the committee had to be reconstituted. So, there is the reason for the delay also. I am not objecting to that but wha I want to say is in matters like this delay should be avoided as far as possible.

I have gone through the provisions of the Bill. Great care has been taken to see that these provisions are not misused by interested persons. It is necessary that a licence is required to run psychiatric hospitals, nursing homes or asylums or whatever you call them. No person without a licence can run these hospitals. Central Government and State Governments both are authorised to run such hospitals. It is in our culture to see that those who are mentally affected temporarily or mentally retarded permanently are taken care of by the society and it is but proper that very good nursing homes or hospitals should be there to nurse the patients back to their normal health. This Bill seeks to achieve that. I have also found that the Joint Select Committee has gone through all the provisions with great care and suggested its recommendations. All the recommendations are

accepted; so there is nothing to point out any defects, so far as I could see. I welcome the Bill and I congratulate the Minister for piloting this.

PROF. B. RAMACHANDRA RAO (Andhra Pradesh): Mr Vice-Chairman, Sir, I rise to speak in support of the Mental Health Bill as modified by the Joint Select Committee after four years of deliberations. I wish such a Bill had been brought before Parliament much earlier as the earlier Bill as all of use realise, has become very old and obsolete.

All of us are aware of the treatment meted out in the various mental hospitals. Our unfortunate brothers and sisters are affected not only by the mental disease but by the treatment that is given to them. In our Indian situation, mental disease carries a stigma and such persons are treated worse than even animals. In mental hospitals the living conditions are deplorable. It is time the Lunacy Act is sought to be replaced by the worthy Bill which has been carefully scrutinised by a distinguished group of fellow parliamentarians of both Houses who have interviewed hundreds of people and several organisations.

The Bill has removed some of the obsolete, unworthy and unworkable clauses. That is a very important step that has been taken. It also aims at regulating the admission and discharge of patients in the psychiatric hospitals and nursing homes.

The third point is, it also seeks to provide legal aid to mentally ill persons who have nobody to look after them. I would like to make a preamable. Some of us should understand why people suffer from mental diseases. We all know that especially in the case of human health, prevention is better than cure. This can be said particularly in the case of mental illness. A statistical analysis shows that more than 30 per cent of the cases of mental illness are due to complications during delivery, around 15 per cent are due to complications after delivery and 8 per cent are due to close cousin marriages and about 32 per cent are due to causes still to be understood by many of us. I was told that certain mothers suffering from a disease called Mongolism have a tendency to have mentally ill children and they should not have children above certain age. The tribal population has certain problems. Because of in-breeding again mental illness is quite prevalent in tribal population.

Mental illness seems to have very close connection with lunar position. Mr. Vice-Chairman, you know the word "lunatic" came out of 'lunar' which means the moon. It is a well-known observations that mentally ill persons rave mad during the time when it is new moon day or the full moon day. Scientists both from India and Australia have established recently a very close connection between the lunar position and mental illness. This means that in our mental hospitals, the doctors should be careful on those days and see that nothing untoward should happen. This is an important observation which I would like to make because the mental hospitals should be particularly alert on those days. I do not know but there is a predication that children born on new moon and full moon days, that is, when the moon is at its zenith or nadir—the opposite point—are said to have tendencies to have mental illnesses. In view of the recent development of human genetic, I am true and I prophesy, a time may come when by studying the genetic characteristics of a child in the womb one can tell whether the would-be born child would be mentally sound or unsound. I am sure a time will come when this will happen.

However, I would like to come to the case of our mental hospitals. It is unfortunate that a large country like ours has only 36 hospitals, and their conditions are appalling. Soon

[Prof. B. Ramachandra Rao]

after this Bill is passed, I hope our Minister of Health will take care to see that hospitals are well looked after. There are some States where there are no mental hospitals at all, and they should have these hospitals.

The total number of mental patients in our country is about 12 lakhs, and out of them only 18,000 are treated as in-patients and 40,000 as out-patients. A World Health Organization survey has indicated that 2,000 beds are necessary per million population, and we are far short of that. I am sure the Minister will make a note of that and see that more and more mental hospitals are provided.

One point that I would like to mention here is that when a person is admitted to a college or university, you don't look at his mental attitude but you only look at his ability to pass an examination. But in the case of doctors, especially those who take to psychiatry, have a feeling that we must examine his mental attitude because unless the doctor has a mental attitude and has kindness, sympathy and love for the suffering people, such a person should not be admitted to a course, particularly in psychiatry. I do hope that we take into account the mental attitude rather than the brilliance of the candidate. I think what is required to treat a mental patient is the kindness of a Florence Nightingale or a Mother Teresa and not a person who just has the knowladge of the subject alone.

Prevention of mental illness is not very easy. Mental illness and mental retardation are two different things. There are many people among us, including our own colleagues, who may not be so well advanced mentally. Retardation varies in degrees from person to person. Mental illness is different from mental retardation, and mental retardation can be easily cured by taking care of the child from a very young age.

Sir, I especially commend the proposal to have a Central Authority of Mental Health like the ICMR. It is proposed to have a Central Authority of Mental Health, but this Authority must make sure of the fact that where a mental hospital a doctor is not taking care of the patients properly, he must be disqualified from giving any treatment. If that is not there, I am afraid there may be an atmosphere of unhealthy and unhelpful attitude and, if I may say so, if a doctor has no kindness, such a person should not be allowed to treat mentally ill patients.

Mr. Vice-Chairman, the last point that I would like to mention is that the mental activity of a person is basically related to his attitude towards the world—the world at large, the society at large, to man and women and his own kith and kin. If you have persons of that calibre taking up this profession, I am sure we will have a better life for people in our country.

Thank you very much.

THE VICE-CHAIRMAN (DR. BAPU KALDATE): Discussion on this Bill will continue tomorrow. Now we take up Calling Attention.

5.00 P.M.

## CALLING ATTENTION TO A MATTER OF URGENT PUBLIC IMPORTANCE

### Plight of Farmers in not Getting Remunerative Prices for their Agricultural Produce

SHRI SURAJ PRASAD (Bihar): Sir, I call the attention of the Minister of Agriculture to the plight of farmers in not getting remunerative prices for their agricultural produce and the steps taken by Government in the matter.

श्री कल्पनाथ राय (उत्तर प्रदेश) : आदरणीय उपसभाध्यक्ष महोदय, कृषि मंत्री महोदय कहां हैं ? . . . (व्यवधान)